

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
FEB 02 2017
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 17-0135
Date: 5-16-17
Amount Paid: \$185.22-17
Refund: \$175 5-16-17

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVATE		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name:		ROBERT AND KEISIN EDWARDS		Mailing Address:		2804 HAWK RIDGE RD		City/State/Zip:		PRIDE LAKE, MN 55372		Telephone:		651-428-0425	
Address of Property:		BETROLD RD		City/State/Zip:		BAYFIELD, WI		Cell Phone:		657-428-3113		Plumber Phone:			
Contractor:				Contractor Phone:		Plumber:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):							
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits)		04-006-2-50-04-02-3		03-000-15000		Recorded Document: (i.e. Property Ownership)		Volume		Page(s)	
SW 1/4, SW 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No.		Block(s) No.		Subdivision:	
SW 1/4, SW 1/4						1158/87									
Section 2, Township 50 N, Range 14 W		Town of:		BAYFIELD		Lot Size		Acreage							

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes—continue →	Distance Structure is from Shoreline: _____ feet	<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—continue →	Distance Structure is from Shoreline: _____ feet	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 25,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> NONE
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
			<input checked="" type="checkbox"/> K pillar footings		<input checked="" type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 24'	Width: 20'	Height: 16'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)		(24' X 20')	480'
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(24' X 20')	480'
	with Loft		(X)	
	with a Porch		(X)	
	with (2 nd) Porch		(X)	
	with a Deck		(X)	
	with (2 nd) Deck		(X)	
<input type="checkbox"/> Commercial Use	with Attached Garage		(X)	
	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		(X)	
	Mobile Home (manufactured date)		(X)	
	Addition/Alteration (specify)		(X)	
<input type="checkbox"/> Municipal Use	Accessory Building (specify)		(X)	
Rec'd for Issuance	Accessory Building Addition/Alteration (specify)		(X)	
MAY 16 2017	Special Use: (explain)		(X)	
Secretarial Staff	Conditional Use: (explain)		(X)	
	Other: (explain)		(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

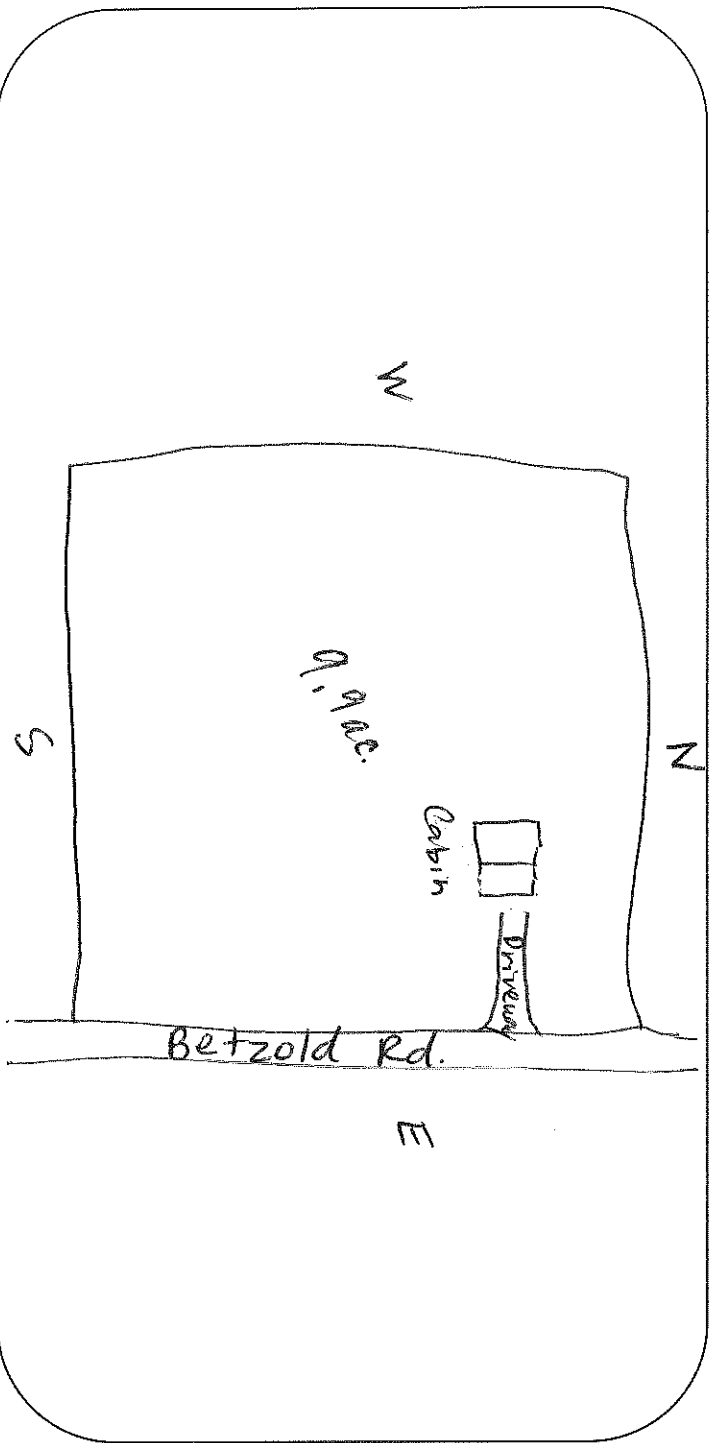
Owner(s): Robert and Keisin Edwards Date 1-20-17
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 2804 Hawk Ridge Rd Pride Lake MN 55372 Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Look Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	175 Feet	Setback from the Lake (ordinary high-water mark)	n/a Feet
Setback from the Established Right-of-Way	165 Feet	Setback from the River, Stream, Creek	n/a Feet
Setback from the North Lot Line	200 Feet	Setback from the Bank or Bluff	n/a Feet
Setback from the South Lot Line	400 Feet	Setback from Wetland	n/a Feet
Setback from the West Lot Line	498 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	158 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:		composting toilet - none			
Permit #: 17-0135		Permit Date: 5-16-17					
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/contiguous lots)	<input checked="" type="checkbox"/> No	Mitigation Attached		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:		Inspected by: J. CAMPBELL		Zoning District		AC-1	
Date of Inspection:		Inspected by: J. CAMPBELL		Lakes Classification		N/A	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached)		UDC permit & inspection required. Building street not done under plumbing for town w/ connection to pressurized water source which approved POTS installed.		Date of Re-Inspection:		N/A	
Signature of Inspector:		Date of Approval: 5-15-17					
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

City, Village, State or Federal
May Also Be Required

AND USE – X
SANITARY – Composting Toilet
SIGN –
SPECIAL – Class A
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0135** Issued To: **Robert & Kristin Edwards**

Par in
Location: **SW** $\frac{1}{4}$ of **SW** $\frac{1}{4}$ Section **2** Township **50** N. Range **4** W. Town of **Bayfield**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Use: [1- Story; Cabin (24' x 20') = 480 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): UDC permit and inspections required. Building shall not have indoor plumbing fixtures with connection to pressurized water source unless approved POWTS is installed.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

May 16, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
MAY 15 2017
Bayfield Co. Zoning Dept.

Permit #: 17-0147
Date: 5-16-17
Amount Paid: \$800 5-15-17
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Begong S Cararin Mailing Address: 34780 South County Hwy D City/State/Zip: Bayfield WI 54814 Telephone: 715-209-0963

Address of Property: Begong S Cararin City/State/Zip: Bayfield WI 54814 Cell Phone: 715-209-0963

Contractor: Cararin Construction Contractor Phone: 715-209-0963 Plumber: N/A Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Greg Cararin Agent Phone: 715-209-0963 Agent Mailing Address (include City/State/Zip): N/A Written Authorization Attached: ☐ Yes ☒ No

PROJECT LOCATION: SE 1/4, N1/2 1/4 Gov't Lot: Lot(s): CSM: Vol & Page: Lot(s) No.: Block(s) No.: Subdivision: Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 6002 R. 14

Section 22, Township 50 N, Range 4 W Town of: Bayfield Lot Size: 729.207 Acreage: 17.3

☐ Shoreland → ☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes—continue → Distance Structure is from Shoreline: feet

☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—continue → Distance Structure is from Shoreline: feet

☐ Non-Shoreland

Is Property in Floodplain Zone? ☐ Yes ☒ No Are Wetlands Present? ☒ Yes ☐ No

Value at Time of Completion * include donated time & material: \$80,000

Project # of Stories and/or basement Use # of bedrooms What Type of Sewer/Sanitary System Is on the property? Water

☒ New Construction ☒ 1-Story ☐ Seasonal ☐ 1 ☐ Municipal/City ☐ City

☐ Addition/Aleration ☐ 1-Story + Loft ☐ Year Round ☐ 2 ☐ (New) Sanitary Specify Type: ☐ Well

☐ Conversion ☐ 2-Story ☒ Basement ☐ 3 ☐ Sanitary (Exists) Specify Type:

☐ Relocate (existing bldg) ☐ Basement ☐ Multi ☐ Privy (Pit) or Vaulted (min 200 gallon)

☐ Run a Business on Property ☐ No Basement ☐ Storage ☐ None ☐ Portable (w/service contract)

☐ Foundation ☐ Scab ☐ None ☒ Compost Toilet

Existing Structure: (if permit being applied for is relevant to it) Length: Width: Height:

Proposed Construction: Length: 100 Width: 40 Height: 18

Proposed Use ☒ Principal Structure (first structure on property) Dimensions Square Footage

☐ Residence (i.e. cabin, hunting shack, etc.) Dimensions Square Footage

☐ with Loft Dimensions Square Footage

☐ with a Porch Dimensions Square Footage

☐ with (2nd) Porch Dimensions Square Footage

☐ with a Deck Dimensions Square Footage

☐ with (2nd) Deck Dimensions Square Footage

☐ with Attached Garage Dimensions Square Footage

☐ Bunkhouse w/ ☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities) Dimensions Square Footage

☐ Mobile Home (manufactured date) MAY 16 2017 Dimensions Square Footage

☐ Addition/Aleration (specify) Multi Stage Dimensions Square Footage

☐ Accessory Building (specify) Multi Stage Dimensions Square Footage

☐ Accessory Building Addition/Aleration (specify) Multi Stage Dimensions Square Footage

☐ Special Use: (explain) Multi Stage Dimensions Square Footage

☐ Conditional Use: (explain) Multi Stage Dimensions Square Footage

☐ Other: (explain) Multi Stage Dimensions Square Footage

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
(I/we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. (I/we) acknowledge that (I/we) are responsible for the detail and accuracy of all information (I/we) are providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. (I/we) further accept liability which may be a result of Bayfield County relying on this information (I/we) are providing in or with this application. (I/we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Begong S Cararin Date: 5/15/17
(If there are Multiple Owners, signed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Begong S Cararin Date: 5/15/17
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit Attach
If you recently purchased the property send your Recorded Deed

the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

SITE ATTACHED SKEETS
SITE ATTACHED BORROWING SURVEY MAP.

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

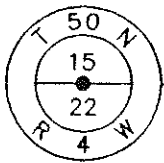
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #:	Permit Date:			
Is Parcel a Sub-Standard Lot: Is Parcel in Common Ownership: Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous lot(s)) <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Affidavit Required Affidavit Attached
Was Parcel Legally Created Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:				Zoning District () Lakes Classification ()
Date of Inspection:	Inspected by:	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (if No they need to be attached.)				
Signature of Inspector:				
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____	Date of Approval: <input type="checkbox"/> _____

As signed 7/6 form submitted w/ copy

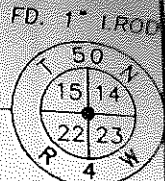
BOUNDARY SURVEY

LOCATED IN THE SE1/4 OF THE NE1/4, SECTION 22, T.50N., R.4W.,
TOWN OF BAYFIELD, BAYFIELD COUNTY, WISCONSIN



FD. 2" I.P.

S89°39'07"E 2644.40'



FD. 1" I.ROD

S00°05'35"W 1323.62'

1/16 COR.

S89°24'25"E 686.81'

N89°24'25"W 635.40'

1/16 COR.

P.O.B.

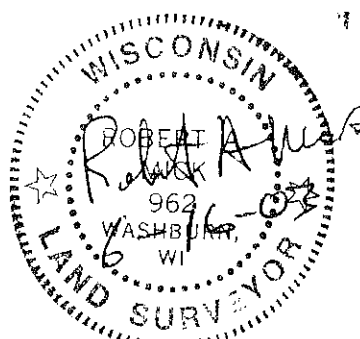
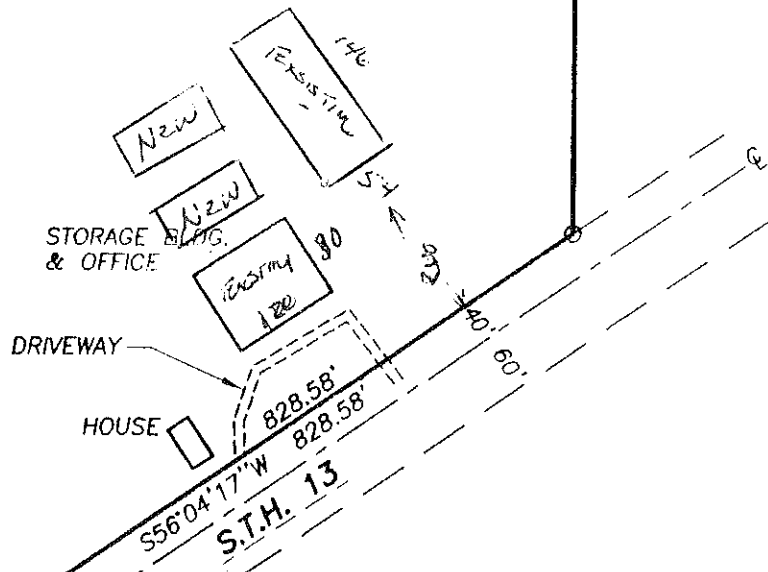
729,270 Sq.Ft.
16.74 Acres

006-1049-09-000

OWNED BY
CARRIER

006-1049-05-000
N00°05'30"E 1296.68'
1296.68'

827.09'
S00°05'35"W 827.09'



BEARINGS BASED ON THE NORTH
LINE OF THE NE1/4 OF SECTION 22,
T50N, R4W, TAKEN AS S89°39'07"E.



City, Village, State or Federal
May Also Be Required

LAND USE – X

SANITARY –

SIGN –

SPECIAL –

CONDITIONAL – ZC 4/20/2017

BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0147** Issued To: **Gregory Carrier**

W 17.3 A of

Location: **SE** $\frac{1}{4}$ of **NE** $\frac{1}{4}$ Section **22** Township **50** N. Range **4** W. Town of **Bayfield**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Commercial Accessory Structure: [1- Story; Mini Storage (40' x 100') = 4,000 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Per approval of Planning & Zoning Committee. (Committee granted two (2) additional mini-storage structures. Land use applications and fees are required for the construction of each structure.)

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

May 16, 2017

Date